

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10570052

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		2		2		
12		2		2		
13	1		1			
14		1		1		
15	1		1			
16						
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18		2		2		
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25		2		2		
26		2		2		
27		2		2		
28	1		1			
29		1		1		
30	1		1			
31						
32	1		1			
33		2		2		
34		2		2		
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39		2		2		
40		2		2		
41		2		2		
42		2		2		
43	1		1			
44		1		1		
45	1		1			
46						
47						
48						
49						
50						
TOTAL IND.		↓	11	↓		↓
TOTAL DEP.	←		37	←		
TOTAL CLAIMS		58		58		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						